DOCUMENT RESUME

ED 264 465 CG 018 693

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TITLE Appalachian Adolescent Health Education Project (AAHEP): Second-Year Evaluation Report.
INSTITUTION Douglas Cherokee Economic Authority, Morristown, TN.; Tennessee Univ., Knoxville. Bureau of Educational Research and Service.
SPONS AGENCY Office of Adolescent Pregnancy Programs (PHS), Washington, DC.
PUB DATE Dec 84
NOTE 87p.; For related documents, see ED 263 509, and CG 018 692-694.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Adolescents; *Birth Rate; Birth Weight; Contraception; Counseling Services; *Early Parenthood; Family Planning; Females; High Schools; *Pregnancy; Prevention; *Program Evaluation; *Sex Education
IDENTIFIERS *Appalachian Adolescent Health Education Project; Tennessee

ABSTRACT

This report evaluates the second year of the Appalachian Adolescent Health Education Project (AAHEP), a program designed to reduce adolescent pregnancy rates and provide care for pregnant teenagers in East Tennessee. Changes in the program, including the reduction in target area from 15 counties to 3 primary counties and 6 target high schools, are explained. Evaluation results are presented in the areas of general results and summary; care component; prevention component; management information; relationship to baseline state and other data; relationship to hypotheses for 1984-85; and conclusions and recommendations. Eleven tables, 11 figures, and 3 appendices are given to illustrate and explain the results and conclusions and to provide comparative data. The report concludes that the AAHEP has met its goals, citing positive trends in the AAHEP service area. It recommends that project personnel focus on dissemination of project results, improve and expand their working relationships with more permanent groups and agencies serving the area, and provide family life information to schools in the service area. (ABB)

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APPALACHIAN ADOLESCENT HEALTH EDUCATION PROJECT (AAHEP)

Second Year Evaluation Report

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CONTENTS

Item	Page
Cover	i
Contents	ii
Report	1
Introduction	1
General Results and Summary	3
Care Component	19
Prevention Component	23
Management Information	26
Relationship to Baseline Data	29
Relationship to Hypotheses for 1984-85	44
Conclusions and Recommendations	47

Tables

1. Target County Student Evaluations	16
2. Teacher Evaluation	17
3. Entry Characteristics of Clients, October 83-September 84	20
4. Care Component Goals and Method of Estimation for Goals	19
5. Selected AAHEP Activities of Prevention Counselors	24
6. Primary Prevention Target Sites: First Contact and Significant Unit	25
7. Number of Abortions, Live Births and Fetal Deaths of Mothers Aged 10-19, 15 Counties of AAHEP, By County, (1980-1984)	31
8. Number of Births and Percentage of Yearly Number By Age of Mother for the 15 County AAHEP Area, 1977-1984	32
9. Number and Percent of Yearly Number of Mothers Aged 12-19 Receiving Pre-Natal Medical Care, 15 County AAHEP Area, by Number of Visits, 1977-1984	36
10. Number and Percent of Yearly Number of Mothers Aged 12-19 Receiving Medical Pre-Natal Care in the 15 County AAHEP Area, By Trimester of Initial Care, 1977-1984	39
11. Number of Low Weight Births to Mothers Aged 10-19, by Trimester of Initial Care, in 15 AAHEP Counties, 1980-1984	43

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Figures

1. Summary Results of AAHEP Second-Year Evaluation 4
2. AAHEP Counselor Improvement Form 22
3. Graph of Number of Mothers Ages 12-19, 15 Counties AAHEP Area . . . 30
4. Comparison of Numbers of Births to Mothers Aged 14-19 in the 15 County AAHEP Area, 1977-1984 34
5. Comparison of Percent of Number of Yearly Births to Mothers Aged 14-19 in 15 County AAHEP Area, 1977-1984 35
6. Comparison of Number of Pre-Natal Medical Care Visits by Mothers Aged 12-19 in the 15 County AAHEP Area, 1977-1984 37
7. Comparison of Percent of Yearly Pre-Natal Medical Visits by Mothers Aged 12-19 in the 15 County AAHEP Area, 1977-1984 38
8. Comparison of Numbers of Mothers Aged 12-19 Receiving Pre-Natal Medical Care in the 15 County AAHEP Area by Trimester of Initial Care 41
9. Comparison of Percent of Yearly Numbers of Mothers Aged 12-19 Receiving Pre-Natal Medical Care in the 15 County AAHEP Area by Trimester of Initial Care, 1977-1984 42
10. 1981-85 AAHEP Hypotheses 45
11. 1984 Article from December 8, 1984 Knoxville Journal 49

Appendices

A. Figure 6 from Interim Report (5/84) Showing Revised Evaluation Design for the Second Year A-1
B. Letters of Support and Praise for AAHEP B-1
C. Goals, Objectives and Activities for 1984-85 . . . . . C-1

APPALACHIAN ADOLESCENT HEALTH EDUCATION PROJECT (AAHEP)
SECOND-YEAR REPORT (10/1/83-9/30/84)

Introduction

September 30, 1984 marked the conclusion of the second full year of operation of the Appalachian Adolescent Health Education Project (AAHEP). The AAHEP effort is conducted by the Douglas Cherokee Economic Authority (DCEA) from its central office in Morristown, Tn. The Bureau of Educational Research and Services (BERS) of the College of Education, University of Tennessee, Knoxville has served for the first two years of the project as the external evaluation agency and has worked in concert with an independent external evaluation consultant.

This second-year evaluation report focuses upon those activities conducted by AAHEP between October 1, 1983 and September 30, 1984. Prior evaluation documents relating to AAHEP include an Interim Evaluation Report (May, 1983); a First-Year Evaluation Report (November, 1983); a Second-Year Interim Evaluation Report (May, 1984); and a detailed memo/evaluation plan to OAPP (January 20, 1984). In some situations the current report will refer to information contained in these previous reports; that information is not repeated here for purposes of brevity.

The AAHEP continuation application submitted in July, 1984 for 10/84-9/85 included some tentative hypotheses to help direct future AAHEP activity and evaluation. Although these hypotheses were not part of the second-year evaluation, we shall, at the end of this report, attempt to address those hypotheses as well as possible with current information (ex post facto). Basically, however, this second-year report follows the form and format of the first-year report and of the evaluation plan in the Interim Report (May, 1984). That is, it is descriptive in nature due to the complexity of the current project and the inability to use strict "controls" necessary for a more definitive evaluation relative to probable cause and effect issues.

The Second-Year Interim Report (May, 1984) provided information to date, and a general evaluation plan which was followed for the current year. As this second project year progressed, some minor modifications in the original evaluation plan became necessary due to adjustments in project operations to meet project requirements and demands. The Figure in Appendix A is the general evaluation design from the Interim Report (May, 1984). This Figure

includes those areas where changes were made during the project year. Comparison of this figure with the original in the Interim Report (May, 1984) will show areas of change occasioned by the adjustments in project operations during the current year.

Baseline information from the first-year evaluation report (November, 1983) is used where feasible in the current report. These same data have been collected one year later, and where appropriate, comparisons have been made between the baseline and data from the second year. The reader is cautioned that cause and effect is impossible to establish due to the complexity of the project, the geographic dispersion of the services, and the lack of appropriate or requisite controls.

During the second year of AAHEP operation there have been numerous changes. These changes were dictated by requirements for better operations, by suggestions from the funding agency, by prior commitments, and by suggestions developed in the first-year evaluation report. During the second year there was a change in directors. Dr. Cynthia P. Norton, formerly a project associate director, was promoted to the position of director when the prior director accepted other employment. Early in the year it was determined that the project would channel most of its efforts in three primary counties (Scott, Sevier, and Loudon) and six "target" high schools. Work here would be the principal focus of the evaluation. All other effort--after an initial attempt to divide work into secondary, tertiary, and quatenary levels--was considered as work in secondary counties (or non-primary counties). Originally the project was to serve all 15 counties of the region equally. Next, in planning sessions the project personnel determined that it would be appropriate to try to have primary, secondary, tertiary, and quatenary service areas. This distinction was found to be cumbersome and became too complicated. Thus, for 1983-84 the project in essence has operated full-scale in the three primary counties, and then with whatever resources and energies were remaining, the project personnel responded to requests from the remaining counties. All prior commitments were honored and clients already in the project were retained. This focusing of effort has provided some ease in data collection, but it has not alleviated the basic problem: that all of the counties in the original service area really needed the AAHEP services as they had been initially designated.*

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*Although we recognize the need for more precise evaluation data for the funding agency, we cannot help but recognize the need for the AAHEP-type service throughout the original area. Comparative data (of the needs type) make this conclusion clear.

Throughout the year, the evaluators have met frequently with project personnel in an attempt to refine the original evaluation design which appears in Appendix A. Several meetings were held to identify key data and data collection procedures necessary to answer the questions in that evaluation design. Throughout the year, one or more of the evaluation team met on a fairly routine basis with AAHEP staff during the regular (Friday) staff meetings. This improved communication and continuity. Based on formative evaluation efforts of project personnel, some adjustments were made in the original design and incorporated in a slightly revised evaluation plan throughout the year. These adjustments reflected the "realities" of the changes described previously and are the logical outgrowth of project experience and improvements (e.g., computerized data collection, change from 15 to 3 primary counties).

Evaluation results are presented in the next sections of this report.

General Results and Summary
Care Component
Prevention Component
Management Information
Relationship to Baseline: State and Other Data
Relationship to Hypotheses for 1984-85
Conclusions and Recommendations.

General Results and Summary

Figure 1 on the following pages presents, in summary form, the general evaluation results. Figure 1 is derived from a revision of Figure 6 from the Interim Evaluation Report (May, 1984) (see Appendix A) and shows the results for each of the project's goals and objectives. The generally positive tone of this summary reflects the high level of AAHEP activity during the second year of operation.

A review of Figure 1 shows that AAHEP has met its goals and objectives for the second year. Figure 1 presents a picture of coordinated service being presented to the target area and clients. This service has been provided by a staff that consists of the following personnel. Staff turn-over has been low, providing important continuity for this sensitive project.

Director (1) and Associate Directors (2)
(Support - 1 Secretary)

Care	Prevention
Counselors (4)	Counselors (2)
Associate Directors (2)	(Director)

GOAL/OBJ.	ACTIVITIES	RESULTS
GOAL I: CARE To improve the level of medical and developmental care provided to pregnant adolescents.		Successful effort as shown by results for separate objectives.
OBJ. I.1. To coordinate available care services to maximize impact of existing programs.	a. Discover and explore remaining care services available in primary target counties: Scott, Scvier and Loudon.	a. Twenty-eight agencies have been contacted in addition to those listed in the grant proposal.
	b. Get to know remaining contact people in each agency or professional office in primary counties to inform them of AAHEP.	b. 105 agencies were contacted
	c. Offer to serve as a source of referrals and as a client-oriented agent in primary counties to insure that clients know about and are encouraged to use available services in target area.	c. 968 referrals were made in the three primary counties
	d. Offer assistance to providers in primary counties in meeting any goals consistent with those of of AAHEP.	d. 1) Established AAHEP Advisory Board in primary counties 2) Provided pre- e. natal groups for adolescents 3) Worked with principals to arrange pregnant adolescents' return to school 4) Served on the County inter-agency Child Abuse Review Team 5) Attended Health Dept. pre-natal staffings 6) Made joint home visits with Child Health and Development workers 7) Worked with Healthy Child Initiative worker 8) Aided in developing and implementing county-wide health fairs 9) Served on the Scott County Committee developed to provide better linkage and coordination between agencies serving the county's youth.
	e. Offer to coordinate provider services in primary counties so as to help providers coordinate their activities and reduce unnecessary duplication of services.	
	f. Examine system in primary counties for weak links in network and develop solutions.	f. Ongoing. Part of everyday operation.* An example of a weak link occurs post-delivery. Often referrals were not made from the Health Dept. to Child Health and Development; an important referral agency. A system was established by AAHEP to coordinate this referral process.

* Some activities are part of normal daily effort, and it would be difficult and a burden that would detract from work to keep specific records. That is, the work is part of everyday counseling and really cannot be separated for analysis. An estimate will be made from interviews with selected counselors and selected clients.

Figure 1. Summary Results of AAHEP Second-Year Evaluation

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GOAL/OBJ.	ACTIVITIES	RESULTS
OBJ. 1.1. (Cont'd.)	g. Notify all remaining concerned professionals and religious leaders in primary counties of the existence of the care network.	g. 513 professionals and religious leaders were contacted
	h. Notify all remaining parents and adolescents of operation readiness of care system in primary counties.	h. 87 parents 129 adolescents
	i. Make referrals to all agencies linked in network in primary counties.	i. 968 referrals were made
	j. Aid pregnant adolescent and adolescent parents in primary counties to continue their education and encourage them to do so.	j. All (129) clients were encouraged to continue their education. If a client does drop out, however, the counselor encourages the client to return to school. For example, in one county, out of six who dropped out, three were convinced to return. One of the remaining three returned after delivery.
	k. Do what can be done with remaining resources to assist secondary and tertiary counties.	k. 146 clients were served in non-primary counties
OBJ. 1.2. To continue to arrange for appropriate utilization of prenatal and postnatal services by adolescents regardless of their proximity to available services.	a. Have initial confidential interview with the adolescent to determine which services would be of greatest benefit to the client, develop service plan, share service plan with adolescent, share information about where services are available, share information about who should be contacted, discuss and encourage parental involvement in plan, obtain parental permission or satisfy legal requirements for proceeding without parental involvement in a reasonable amount of time.	a. 277 initial interviews, 277 service plans were developed, 183 parents involved

Figure 1. (Cont'd.)

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GOAL/OBJ.	ACTIVITIES	RESULTS
OBJ. I.2. (Cont'd.)	b. Establish the legal base upon which AAHEP proceeds, discuss the treatment plan with the adolescent (and parents if they have decided to join), make all referrals, and help adolescents make arrangements for transportation.	b. Procedures are in place; activity is complete
	c. Offer adolescent maternity and adoption counseling, basic nutrition information, educational and vocational counseling, parent and consumer education, homemaking instruction, family counseling, assistance in preparing for delivery, and family planning counseling, if services are not available to particular adolescent.	c. See I.1.f.
	d. Help arrange child care.	d. Counselor helped client obtain child care through contacts made to an older woman who keeps children in her home. The woman agreed to keep the child free of charge as long as the client continued in school. At present, the client is still in school. AAHEP is working with the principals and guidance counselors in one county high school to open a day care center in the school. (These are examples.)
	e. Develop appropriate materials	e. Material developed and submitted to Washington, D.C.
	f. Involve expectant adolescent males, adolescent fathers and family members in services. (Male Partner).	f. 60 male partners involved in services
	g. Deal with other pertinent issues.	g. See I.1.f. Other issues such as the clients need for money to obtain food, clothing, transportation and pay rent are often dealt with. Other issues such as alcoholism and incest are also addressed.

Figure 1. (Cont'd.)

GOAL/OBJ.	ACTIVITIES	RESULTS
OBJ. I.3. To provide individual assistance to pregnant adolescents in making arrangements for their delivery.	a. Discover "unknown" sources of aid to pregnant adolescent in paying for delivery services and assist adolescents in obtaining resources.	a. AAHEP counselors inform clients of available resources in their counties. Some examples of these resources include: Medicaid, WIC, maternity clothing, baby clothing, car seats, layettes, cribs, etc.
	b. Assist adolescents in arranging for hospital or other delivery method.	b. AAHEP counselors assist adolescents in making delivery arrangements well in advance of their delivery date. Clients are encouraged to take pre-natal classes in their hospital or health facility when available. If classes are not available, counselors provide pre-natal classes themselves in such settings as primary care clinics.
	c. Make certain adolescent knows where the delivery will be performed and what she must or should do to prepare for the trip to the hospital or other delivery center.	c. Clients are preadmitted to the hospitals where available and counselors try to take clients on a tour of the facility or delivery site prior to delivery. Information on what to take to the hospital as well as information on what to expect at delivery is provided by the counselor. Transportation arrangements to the hospital at the time of delivery are discussed and made early in the pregnancy.
GOAL II: PREVENTION To reduce adolescent premarital sexual relations and adolescent pregnancy.		
OBJ. II.1. To coordinate available prevention services to maximize impact of existing programs.	a. Assist providers in meeting goals consistent with AAHEP goals in in primary targets: 2 Anderson County high schools, 2 Sevier County high schools, 1 Grainger County high school, and 1 Cocke County high school.	a. Results are reported in Table 4 of this document entitled Primary Prevention Target Sites: First Contact and Significant Unit
	b. Notify remaining concerned professionals and religious leaders in area of the existence of prevention efforts.	b. 855 professionals notified of prevention services; 426 religious leaders notified of prevention services

Figure 1. (Cont'd.)

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GOAL/OBJ.	ACTIVITIES	RESULTS
OBJ. II.1. (Cont'd.)	c. Refine referral and follow-up system to insure that all adolescents from primary targets and parents who desire prevention services from existing providers may be directed appropriately.	c. I.1.f. Students are routinely informed of available resources i.e. health dept., planned parenthood, the Dept. of Human Services, teachers, physicians and the services of AAHEP.
	d. Notify remaining parents and adolescents in primary targets of operational readiness.	d. 185 outreach sessions for a total of 8570 minutes
OBJ. II.2. To provide more adequate education of adolescents related to sexuality.	a. Prepare a teaching module dealing with AAHEP objectives (to give to classes upon invitation) sufficiently that teachers could incornorate it into their own coursework if desired.	a. Materials developed and submitted to D.C.
	b. Develop and provide inservice programs for school staff related to AAHEP; enlist teachers' help in getting the word out about AAHEP.	b. Programs developed and submitted to D.C.
	c. Provide basic educational materials to be disseminated by professionals and agencies in the target area, or borrowed for time-limited use.	c. Materials developed and submitted to D.C.
	d. Develop, teach, guide, and counsel adolescent peer groups in schools or other agencies.	d. Group counseling sessions are conducted weekly at area group homes
	e. Offer individualized counseling and referral.	e. I.1.f. Individualized counseling is offered on a short-term basis for crisis intervention. Counselors give information and/or referrals to an average of 50 students per week.

Figure 1 (Cont'd.)

GOAL/OBJ.	ACTIVITIES	RESULTS
OBJ. II.2. (Cont'd.)	f. Generate interest and recruit clients and participants from primary targets.	f. See Table IV of this document entitled Primary Prevention Target Sites: First Contact and Significant Unit.
	g. Develop or cooperate with centers to attract adolescents to environment where it is possible to obtain pertinent information and convenient to obtain counseling.	g. I.l.f. Counselors have organized youth groups at neighborhood community centers. AAHEP has built an ongoing relationship with the juvenile court system in one county. Sexually acting out youngsters are asked to attend family life education classes during their parole. Activities have been developed to attract adolescents to environments where pertinent information is readily available.
	h. Develop educational materials as appropriate.	h. Materials developed and submitted to D.C.
OBJ. II.3. To involve families in the education of adolescents concerning sexuality, sexual responsibility and/or other interpersonal and health-related matters.	a. Develop parent groups interested in prevention services, seek their guidance, cooperation and support, help them educate themselves about adolescent sexuality and pregnancy, and help them to discuss and explore pertinent issues.	a. I.l.f. A Motherhood and Fatherhood Conference was conducted by AAHEP for area parents and adolescents. Approximately 250 parents and 100 adolescents attended the conference. Counselors presented sessions entitled: 1) Problems of Teenage Pregnancy 2) Emotional Abuse and Your Child 3) Responsible Parenting.
	b. Offer brief family counseling to parents and adolescents if they desire structured interaction designed to open lines of sexual communication.	b. 185 individual sessions; 180 group counseling.
	c. Develop parent/adolescent groups to increase understanding of parents by adolescents, of adolescents by parents, of sexuality, and of parents and adolescents by their peers.	c. I.l.f. Workshops about human sexuality have been conducted.

Figure 1 (Cont'd.)

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GOAL/OBJ.	ACTIVITIES	RESULTS
OBJ. II.3. (Cont'd.)	d. Encourage and assist adolescent clients in involving their families in the prevention services or in getting permission from parents to use services.	d. School is responsible or AAHEP sends forms home to obtain parental permission. AAHEP counselors encourage family involvement.
OBJ. II.4. To assist religious and other organizations in the development of their own adolescent and familial programs.	a. Develop, guide and/or assist with adolescent peer groups or other groups within churches and/or other organizations.	a. AAHEP counselors provided educational programs dealing with prevention topics to adolescent and parent groups in area churches.
	b. Develop training modules for religious leaders and/or other professionals to educate them about adolescent sexuality, decision-making, pregnancy and related matters, parenthood, and/or family life.	b. Materials developed and submitted to D.C.
	c. Offer inservice training for interested religious leaders and/or other professionals concerning topics of importance to AAHEP.	c. Number sessions: 11; Number people in attendance: 320; Topics: Teen Pregnancy, Sex and Child Abuse, Early Childhood Sex Education, AAHEP services.
OBJ. II.5. To make additional resource personnel available to adolescents and their families.	a. Volunteers will be recruited and trained from the ranks of parents, adolescents, young adults, graduate students, and/or other persons.	a. Number recruited: 115 parents, 16 adol/young adults, 5 graduate students
	b. Interested professionals will be recruited and trained to broaden their skills and increase their competency in dealing with AAHEP clients and/or other adolescents and family members.	b. Number recruited: 562 teachers.

Figure 1 (Cont'd.)

GOAL/OBJ.	ACTIVITIES	RESULTS
GOAL III: MANAGEMENT (1983-84) To improve and maintain existing management system		Generally good. Dissemination needs work.
OBJ. III.1. To manage, operate and evaluate the progress of AAHEP.	a. Refine information management system.	a. Data management programs for care and prevention were developed for use on the microcomputer. Information on the prevention component may be currently accessed. Care component data will be available via the microcomputer during the upcoming fiscal year.
	b. Maintain accounting system.	b. The accounting system has been maintained
	c. Cooperate in cross-project evaluation effort	c. The cross-project evaluation plan was presented at the Project Directors' meeting in May, 1984 and cooperation with this effort has been established.
	d. Reduce scope and/or territory of project in line with budgetary realities, evaluation strategy and recommendations.	d. Project scope and territory were reduced as recommended. The project was divided into two components (care and prevention) each of which was divided into four levels of involvement (primary, secondary, tertiary, and quaternary). Although four levels of service were conceptualized, the project operationalized its efforts on two levels: 1) primary and 2) non-primary to further comply with funding source recommendations.
	e. Improve capability of personnel	e. Weekly staff development meetings and activities have been maintained and provided ongoing training and feedback opportunities. Supervision has been maintained and provided guidance and assistance to counselors concerning problems of care and prevention activities. Staff members participated in workshops and conferences to increase their capability and performance as related to AAHEP's goals. The following list is a sample of the types of training sessions in which staff members participated: Sexual Abuse Workshops, Substance Abuse Workshops, Stress Reduction for Young Mothers, Fifth Annual Conference on Appalachian Children and Families, Social Work Joint Conference.
	f. Split project as carefully and clearly as possible into separate care and prevention components.	f. Staff members were designated as care counselors (6) and prevention counselors (3) and provided services which were required for their specific components.
	g. Uphold as many commitments and promises as practical in the face of drastically reduced funding.	g. Commitments and promises made in non-primary counties prior to programmatic changes were upheld and fulfilled as resources allowed. Project goals of reaching at least 80% in the six target high schools were exceeded in all but one prevention target site.
	h. Develop a four-level design for prevention and care services to allow for differing needs and capabilities of different targets.	h. Plan has been developed and is included in Interim Evaluation Reported, May 1984, p. 6. For practical purposes this plan has now been operationalized into primary and all non-primary target sites. Non-primary is equivalent to secondary, tertiary and quaternary.
	i. Collect information related to client behavior for use in altering project design.	i. Project staff identified child care as a factor related to whether clients returned to school after delivery. As such, potential funding sources and professionals in the field were contacted to assist in the identification and establishment of child care facilities for teen parents.

Figure 1 (Cont'd.)

GOAL/OBJ.	ACTIVITIES	RESULTS
OBJ. III.2. To evaluate AAHEP and disseminate information about its purposes, products and results.	a. Maintain and improve sensitivity of existing evaluation strategy.	a. AAHEP Interim Evaluation report completed May, 1984. The two-by-four design proved to be helpful in offering guidelines for establishing priorities in service provision, although it was difficult to follow in actual operations. In the day-to-day operation of AAHEP services more appropriately fell into two categories: primary and all others (non-primary).
	b. Publish information formally and/or informally about AAHEP and/or share information through workshops and professional gatherings.	b. Information dissemination occurs informally in professional meetings, workshops and conferences.
OBJ. III.3. To generate the resources needed to continue AAHEP's services in the third year, and to externatlize AAHEP's capability, if possible.	a. Develop a structure that will be capable to some extent of surviving and functioning independently of AAHEP's resources.	a. Staff members submitted a grant proposal for volunteer action training to be implemented in two counties. Staff members sought potential funding through Levi-Strauss Foundation for day care services to be provided in area counties. Volunteers were enlisted to provide care and prevention service in one area county.
	b. Implement structure in two counties.	b. Structure implemented in Blount County and efforts begun in Roane Co.

Figure 1 (Cont'd.)

During the second year of operation the project began to focus its efforts on three primary counties and target high schools. The staff did, however, keep all commitments that were made in the prior year when services were provided on a more dispersed basis to 15 counties. The 80 percent target for services was met or exceeded.

AAHEP counselors are trained professionals. Their own reports of successes and failures are important sources of information and should be used as indicators of AAHEP impact. On occasion there were mitigating circumstances that hindered the work of the project. Counselor-supplied information provides a qualitative note to the evaluation.

The following list is a summary of activities reported by counselors in the three primary target counties which they consider to be positive or outstanding achievements for the project year:

1) AAHEP has a counselor serving on the Scott County Care Committee, which was developed by the Tennessee Children's Service Commission to provide better coordination between agencies serving the county's children.

2) AAHEP counselor helped develop and worked in a county-wide health fair along with 16 other agencies.

3) In one county, AAHEP staff attends pre-natal staffings at Health Department and receives all referrals of pregnant adolescents using their services.

4) In one county high school, a film, "Teenage Father," was viewed by all the boys in the school.

5) Pre-natal care classes are offered to pregnant adolescents in target counties. In one county over 160 attended AAHEP classes during the year, since this county has no other source of pre-natal care.

6) AAHEP has a counselor serving on the Child Abuse Review Team and has established an advisory board for AAHEP in three counties.

7) AAHEP counselor has made joint home visits with Child Health and Development workers and with workers from the Healthy Child Initiative Program.

8) A large percentage of adolescents remain in school during pregnancy. In one county in which there were six drop-outs, four returned to school with the support and encouragement of AAHEP counselors during or immediately following delivery.

9) Counselor helped client obtain child care through contacts made to an older woman who keeps children in her home. The woman agreed to keep the child free of charge as long as she continued in school. At present, the client is still in school.

10) AAHEP counselors provided individualized counseling to pregnant adolescents as needed.

11) Family Life classes are being taught in target counties.

12) More than eighty percent of students in targeted schools were reached during the project year. AAHEP counselors therefore exceeded their goals.

13) Counselor was invited to make presentations to a gifted class of fifth graders.

14) Student evaluations of AAHEP counselors and services were outstanding.

The following list is a summary of activities reported by counselors working in non-primary counties which they consider to be positive or outstanding achievements during the project year:

1) One area community college provided space, materials and a teacher for a pre-natal childbirth education class and worked in conjunction with AAHEP counselors to obtain students.

2) Several educational successes were noted. For example, a 19-year-old with two children received her GED; a 19-year-old enrolled in the area State Technical Institute to finish her training as a cosmetologist.

3) AAHEP counselor is working with the principals and guidance counselors in one county high school to open a day care center in the school.

4) AAHEP counselor helped develop an area Interagency Council which serves to enhance service delivery and the referral system in one county.

5) As a result of AAHEP's work, a women's class in a local church has developed a clothing closet specifically for maternity and baby clothes for pregnant teens.

6) AAHEP counselor developed and implemented an adolescent support group in one county.

7) As a result of AAHEP's work, pre-natal classes are currently being organized at one local hospital.

8) AAHEP films and pamphlets have been requested for use in pre-natal classes by hospitals and other health agencies in one area county.

9) Counselor provided in-service on sex abuse of children for teachers in a local school system.

10) Counselor served on a committee to develop a pilot project for one county to develop extensive, long-term pre-natal and parenting classes for teens.

AAHEP counselors encountered several obstacles during the year which hindered service delivery. The following is a list of these obstacles:

1) Lack of cooperation or referrals from health departments and private physicians.

2) Hostility from some other county agencies because of territoriality or difficulty understanding AAHEP's role.

3) Inappropriate referrals made by other professionals.

4) Lack of cooperation from some school personnel. Some school staff members did not attend scheduled meetings or appeared not to be receptive to information provided by AAHEP counselors.

5) Lack of transportation facilities for clients. When appropriate resources were found in a county, clients often had difficulty getting to them.

6) Problems locating clients because county roads were poorly marked.

7) Difficulty contacting clients who did not have access to telephones.

8) Increased responsibilities of counselors who began serving a larger area following two counselor position vacancies.

9) Lack of parent-teacher organizations or other parent groups to locate and educate parents.

10) Difficulty entering Cocke County High School. Due to the lack of cooperation and receptivity from this school, it was eliminated as a target prevention school site.

11) Inclement weather and subsequent school closing at times made it difficult to reach service delivery quotas on specified dates.

AAHEP counselors sought evaluative feedback from clients throughout the year. Two sources of this feedback were the students with whom counselors worked and teachers who invited the counselors into their classrooms. Tables 1 and 2 provide summaries of such participant feedback. The general tone of each table is that AAHEP is seen in a positive, successful way by those persons it serves. The overwhelming majority of the responses support AAHEP. Data in Table 1, student evaluation, were compiled by evaluation team staff from open-ended responses of students, as were the general categorizations at the end of Table 2.

The Appalachian Adolescent Health Education Project received support from numerous individuals and agencies in the areas it served during the fiscal year. More than fifty letters were written by individuals wishing to express their support for the continuation of this project in this area. Letters came from a wide variety of agencies such as schools, health departments, churches, and other state and county agencies. While it would be difficult to include all of the statements made by these supporters, several quotes highlight the sorts of comments that were made. For example, some supporters stated that AAHEP was an important resource that assisted them: "AAHEP has been a tremendous resource to me in the development of Family Life classes; AAHEP is a viable, critical community resource that serves a crucial need in East Tennessee; both the physicians and patients seem to have benefited greatly through their (AAHEP) efforts." Others reported the role AAHEP has

TABLE 1

TARGET COUNTY STUDENT EVALUATIONS

1) What are the things you liked best about these classes?	N
Classes were educational/informational	64
Learned previously unknown facts	22
Teacher methods	42
Visual aids	38
Open discussion	33
2) What did you not like about these classes?	
Nothing*	47
Other student disruptive behavior	12
Not enough time available*	12
Not enough class participation	10
Type of information provided	9
Felt embarrassed	5
Teacher methods	4
Repetitious	6
3) What would you change if you were teaching these classes?	
Nothing*	63
More time and discussion *	27
Update visual aids	7
Separate males and females	5
More one-to-one contact	3
Less information	2

*Actually a positive response

TABLE 2

TEACHER EVALUATION
N=7 (Responses = Actual Numbers)

1. How well did the AAHEP counselor compare with teachers in this school?
   0 among the worst 0 about average 5 above average 2 among the very best

2. How well did the AAHEP counselor know her subject matter:
   0 poor 0 average 0 good 7 excellent

3. How well did the AAHEP counselor present her topics?
   0 poor 0 average 1 good 6 excellent

4. How well did the AAHEP counselor relate with the students?
   0 poor 0 average 2 good 5 excellent

5. Will you use any of the ideas the AAHEP counselor presented in your own class room presentations 7 yes 0 no

6. Do you wish to use the AAHEP counselor in your class room again? 7 yes 0 no

7. Was the AAHEP counselor sensitive to your needs and concerns as an educator?
   7 yes 0 no

8. Were you comfortable with the materials the AAHEP counselor presented in your class room?
   uncomfortable 1 comfortable 6 very comfortable

I. What did you like best about the class presentations?

Films - 3
Teacher methods - 3
Open discussion - 3

II. What did you like least about the class presentations?

Lack of class participation	1	Did not use entire time available	1
Not enough time available	1*	No response	4

III. What would you have changed about the class presentations?

Increase student participation	1	Organize the discussion	1
Increase the amount of time	1*	No response	4

*Really a positive comment

played in direct service delivery to clients: "this program has made a direct impact on the awareness of young people in our community; we are lucky to have a program where young people can go for information that they may not have access to elsewhere; the workers have helped many adolescents in the county with their difficulties and are the only source for many of the adolescents in getting help from other agencies." Appendix B includes some examples of these letters.

Table 1 shows 199 positive comments and 46 negative comments. Fifty-nine comments under the heading, "What did you not like...?", were really positive. In the third category, "What would you change...?", there were 107 comments, and 90 of those were really positive. Thus, of a total of 411 comments, 348 or 85 percent must be considered positive.

Table 2, Teacher Evaluation, shows that teachers who worked with AAHEP personnel were very positive in their appraisal of AAHEP counselor work. This positive assessment of one professional's work by another professional is rewarding and speaks well of AAHEP efforts.

Care Component

Table 3 provides data on entry characteristics of clients, October 1983-September 1984. Data are provided by the three target counties and for the program total. AAHEP originally served 15 counties but services were targeted to three counties, with services being provided to the other 12 counties as time and resources would permit (and as commitments were made during the first year). Approximately 47 percent of AAHEP total effort was directed to the three target counties in the Care Component (129÷277).

As reported in the Interim Evaluation Report (Achilles, Williams and DuVall, May 1984), Care Component goals were established from several sources, including information from the March of Dimes and the Tennessee Children's Services Commission. However, since exact data are incomplete or difficult to obtain, the 1983-84 Care goals were based upon estimates.

Table 4 provides information on the Care Component goals and method of estimation of those goals. These computations indicate that for the fiscal year 1983-84, 90 teens 17 and under were potential target clients in the three target counties. The 80 percent goal for the project for the fiscal year was 72, while the number of clients actually reached was 73. Each of the clients reached was given a "significant unit" of services. A significant unit of service at a minimum consists of the initial intake interview and discussion of AAHEP services and parental permission. (Many became AAHEP clients.)

TABLE 4

CARE COMPONENT GOALS AND METHOD OF ESTIMATION FOR GOALS

Target Counties	Total Potential Target Clients	Eighty Percent Goal	Significant Unit of Service (Clients Actually Reached in 12 Mos.)	
	12 Months	12 Months	N	%
Loudon	30	24	24	80
Scott	12	10	13	108
Sevier	48	38	36	75
TOTAL	90	72	73	81

*Total potential target clients in all counties was based on 1982 statistics. However, in Sevier County the teen birth rate dropped 30% from 1982 to 1983. The goal needs to be revised in this county to reflect this decrease for next year. Based on the new data, numbers would be (Potential:34; 80%:27, and 106%).

TABLE 3
ENTRY CHARACTERISTICS OF CLIENTS, OCTOBER 83- SEPTEMBER 84
CARE COMPONENT

CHARACTERISTICS		Target Counties (Scott, Sevier, Loudon)				Program Total			
		Pregnant	Mothers	Other	Total	Pregnant	Mothers	Other	Total
AGE:	14 or younger	6	1	2	9	19	2	5	26
	15 - 17	46	8	6	60	110	28	13	151
	18 or older	56	4		60	75	21	4	100
					(129)				(277)
Previous Pregnancies	None	67		7	74	158		21	179
	One	17	11	1	29	21	43	1	65
	Two or More	24	2		26	25	8		33
					(129)				277
Living Arrangements	Alone	8			8	10	9		19
	Husband	46	6	1	53	77	16		93
	Other Male	3			3	3	2		5
	Parent(s)	40	6	7	53	102	21	20	143
	Other	11	1		12	12	3	2	17
					(129)				(277)
School Status	In School								
	7-9	5	1	1	7	19	2	4	25
	10-12 (GED in progress)	18	6	7	31	43	12	13	68
	Grad. (or GED)	34	2		36	44	7		51
	Dropout (last grade)								
	9 or below	25	2		27	44	16	2	62
	10-12	26	2		28	54	14	3	71
					(129)				(277)
Welfare Status	Receiving Welfare	24	2		26	59	26	2	87
	Receiving Medicaid	37	3		40	74	9		83
	Baby Only	12	3		15	25	3		28

Note: AAHEP stopped entering persons 18+ in July unless there was an exceptional reason (e.g., abuse, adoption).

Results of Care Component efforts show that in the target counties 74 of 129 clients (57%) are still in school or have received a GED or have graduated. One hundred six of 129 clients (82%) are living with their husbands or are living at home.

Data below summarize information about care clients in terms of infant complications and pregnancy outcomes or complications. AAHEP records show that there were 2,024 brief contacts or outreach contacts by counselors in addition to the detailed care services.

Infant Complications	AAHEP Area
Premature (gestation age 36 weeks or less)	9
Low Birth Weight	4
Other Distress	7
Fetal Death	2

AAHEP does not follow infants relinquished for adoption. Infants not included in these figures who were not relingquished for adoption suffered no significant complications that the staff know about.

Pregnancy Outcomes/Complications (Mothers who delivered during current year*)	AAHEP Area
Inappropriate Weight Gain	17
Anemia at Delivery	2
C-Section	21
Preeclamsia or Eclamsia	8
Hemorrhage Sepsis/Rupture	6
None	64
Unknown	14

*53 had either delivered by October 1, 1983 or had entered our program after delivery and therefore information concerning their delivery is not included.

As reported in Figure 1, the Care Component has not yet achieved full automation for data reporting. This programming and management step is to be completed early in the third year (1984-85). When complete, there will be more completed data available for this component.

Figure 2 shows clients' opinions about performances of their counselors. The data here suggest that these clients think that they are being offered good services from counselors who are concerned about client well-being.

Results show that the Care Component has met its goals and objectives for the second year of operation. Some refinements are possible in the future, but the goals which were set at the outset of the year have, for the second year, been met.

AAHEP COUNSELOR IMPROVEMENT FORM

Name of AAHEP Counselor: N=13 Date: _____

Note to Client: Please provide your opinion of Counselor's work with you. Thank you for your help.

One person did not respond in questions 9, 14 and 15.

		OFTEN	SOME-TIMES	NEVER
1.	I feel comfortable in my talks with my counselor.	13		
2.	My concerns and problems are important to my AAHEP counselor.	12	1	
3.	My counselor acts unsure of himself/herself.		3	10
4.	My counselor insists on always being right.		2	11
5.	My counselor acts cold and distant.			13
6.	I feel relaxed with my counselor.	11	2	
7.	My counselor seems restless when talking to me.			13
8.	In our talks, my counselor acts as if he/she liked me.	12	1	
9.	My counselor's comments have helped me to see more clearly what I need to do to gain my objectives in life.	6	6	
10.	My counselor seems relaxed when he/she is with me.	12	1	
11.	My counselor acts as if he/she has a job to do and doesn't care how he/she got it done.			13
12.	I feel the counselor talked with me about what I needed to talk about.	13		
13.	The counselor is very patient.	13		
14.	I did not trust the counselor.			12
15.	I feel the counselor understands me.	10	2	

16. Please make any comments you like in this space and on the back: (Summary)
    a. Does job well (N=3)
    b. Helpful, Honest, Caring (N=4)
    c. Easy to Talk To, Friend (N=6)

You may sign this if you wish, but it is not necessary. Thanks again for your help.

Figure 2. Compilation of Response to AAHEP Counselor Improvement Form (N=12) Responses are n and not percent.

Prevention Component

The Prevention Component achieves its goals mostly through working with cooperating agencies. A major cooperating agency has been the public schools where the AAHEP counselors work with teachers and counselors. Table 5 shows some of the major prevention efforts distributed by primary and non-primary counties. In accordance with predetermined goals, over 80 percent of the prevention efforts have been concentrated in the primary counties. Major prevention activities include lecturing or group awareness sessions, research and information gathering efforts, preparation of lectures, and transportation. Assisting other professionals, staff training/supervision, counseling and follow-up activities constitute the second tier of activities.

Prevention personnel have prepared some major instructional materials (modules) for use. These have been submitted to the funding agency.

Table 6 provides information about the primary sites for prevention activities and describes the extent of the prevention efforts in reaching at least 80 percent of the audience for initial contact and for a "significant unit" of service. (Materials in Tables 1 and 2, pages 16 and 17 show that such services are seen by recipients and/or teachers as being of high quality and very useful. Note also the sample letters of support in Appendix B.) One high school originally designated as a target school was dropped, but two new high schools were added. In all schools the level of first contact met or exceeded the 80 percent goal. In five of six schools the level of significant unit of service met or exceeded the predetermined 80 percent level. The number of students contacted for "first contact" was estimated at 5,239 and the number involved in a significant unit of service was 3,985. This makes a total of 76 percent of those involved in a first contact who received a significant unit of service. If Cocke County High is removed, there were 4,123 first contact and 3,805 (or 92 percent) of those who received a significant unit of service. This is a reasonable result for the project.

AAHEP is clearly providing a needed service in the area. Few, if any, of the schools in the service area have sex education or family living courses. The Prevention Component has achieved high numbers of clients and has provided other professionals--e.g., teachers--with teaching materials that can be used in the future.

TABLE 5

SELECTED AAHEP ACTIVITIES OF PREVENTION COUNSELORS, 10/83 - 9/84, BY PRIMARY COUNTIES AND OTHER COUNTIES

	Number of Sessions		
Activity	Primary	Non-Primary	Total
Outreach	148	32	180
Individual Counseling	148	32	180
Group Counseling	144	36	180
Lecturing	761	190	951
Follow Up/Follow Through	123	31	154
Referral Work	35	9	44
Providing Supervision	14	3	17
Coordination of Volunteers	14	3	17
Assisting Professionals	222	56	278
Special Events	7	2	9
Resource Distribution	58	15	73
Lecture Preparation	338	85	423
Residential Visits	26	6	32
Transportation	346	87	433
Staff Training or Supervision	218	55	273
Research and Information Gathering	238	60	298

TABLE 6

PRIMARY PREVENTION TARGET SITES: FIRST CONTACT AND SIGNIFICANT UNIT. THE 80 PERCENT LEVEL IS SHOWN SINCE IT WAS SPECIFIED IN THE OBJECTIVE

Target Schools	Total Enrollment	Students Contacted				Eighty Percent	
		First Contact		Significant Unit			
Name	Number	Number	Percent	Number	Percent	First Contact	Significant Unit
Sevier County High	1250	1250	100	1160	92	1000	1000
Seymour High School	743	724	97.4	608	81	594	594
Anderson County High	680 *675	544	80.0	540	80	544	540
Clinton Sr. High School	1080 * 1050	900	83.3	875	83	864	840
Rutledge High School	758	705	93	622	82	606	606
**Cocke County High School	1162	1116	96	180	15	930	930

*Enrollment changed

**Due to a lack of cooperation, Cocke County High School was eliminated as a target prevention school site and replaced by Loudon County High School and Lenoir City High School

Management Information

Management objectives and results (see Figure 1, pages 11-12) show that AAHEP has made progress in the management effort. Data management programs have been developed and refined for the microcomputer (installed last year), and the accounting procedure has been maintained. The project made key adjustments during this year by refining its work efforts and targeting them into primary counties (3) and also by honoring prior commitments and providing efforts when possible in the rest of the counties (12).

Staff professional development through regular (weekly) meetings and periodic workshops has continued and been intensified. Results seem to be positive, as noted by results in Tables 1 and 2, pages 16 and 17. Data in Figure 2, page 22, show that counselor work is evaluated as very good, and this may be a result of a comprehensive professional development effort.

For the second consecutive year the funding agency has announced the continuation of funding at a very late date. This caused serious disruption, especially since AAHEP staff were given notices of possible termination due to late notification of funding for the new year.

There is a need to refine the data management package for the Care Component. Planned completion date is March 1, 1985.

AAHEP deals with a socially sensitive topic (this may cause some difficulty in getting precise data on need, results, etc.) People in the area, naturally reticent, are reluctant to discuss sex-related issues. For example, some teen pregnancy is related to incest and this, of course, is very sensitive.

Perhaps counselors might provide some confidential files of sensitive data and issues. These sensitive areas may hinder project results.

Project dissemination has been primarily through workshops and meetings. Last year's report noted that the project should consider developing a "dissemination plan" to guide dissemination efforts. During the next year, project personnel might consider developing some results, papers, etc. for presentation at professional meetings.

In general, administration and management of the project have met expectations. There was some small disruption due to change of directors and reassignment of personnel, but this was handled smoothly and expeditiously. Steps have been taken to readjust the project in accordance with the suggestions of the funding agency, and, after the first year of operation, things seem to be moving in a routine fashion. The use of the computer provides a ready way to organize and report data on a regular basis, and this helps in management of the project.

During the second year of AAHEP, progress was made toward meeting old project goals. Essentially, each goal and objective had been met at least to the standard of performance previously stated for that goal or objective. The project has produced some instructional modules, and these have been sent to the sponsoring agency in Washington. The project has re-defined its service area and begun working intensively in three counties, while maintaining prior commitments in the other counties of the original area. The project instituted and implemented some automatic data processing procedures, and data for reports became much more readily available than during the first year.

The approach of working through schools for access to teenagers, and of providing workshops and/or course materials for teachers, has been a useful one for the project. Some expanded work with major hospitals will be necessary if the project hopes to have a lasting effect in the area. For example, although the project continues to do much of its work through school systems and is cooperating with numerous agencies, AAHEP has not established formal linkages with some key health-care providing agencies, and especially with University hospital which is designated as the regional care agency for the original service area.

Based upon the first two years of operation, AAHEP has developed plans for operation during 1984-85. These plans are presented in Appendix C. These plans are guiding current operations of AAHEP and will be entered into a basic evaluation plan for the third year once an evaluation contract is completed.

The next sections of this report feature a compilation of data from the state and area to serve as points of comparisons. These data and data formats are essentially the same as in prior reports as a way to show progress in the AAHEP service area. Finally, the hypotheses for the 1984-85 effort are addressed using the 1983-84 data.

Relationship to Baseline Data*

Data in this section were obtained from the Bureau of Health Statistics, Tennessee State Department of Public Health and Environment. They include statistics from calendar years 1977 through 1983. In addition, data are presented for the period January 1 through August 31, 1984. Statistics for 1984 should be considered as tentative at this date (11/84). Since all data represent the county of residence of adolescent mothers, some births recorded in other states to mothers who are target-county residents may not be included in the totals for 1984 shown here. These births may not be reported until the end of the calendar year.

In order to show comparisons for complete calendar years, it was necessary to develop full-year projections for 1984 since current data included only nine months of the year. This projection was based on the assumption that rates were steady across the full year. Therefore, all 1984 figures include a projection of an additional 33.3 percent of the figures tallied during the first nine months. As a result, the 1984 data should be used only to identify possible trends and cannot be taken as an absolutely accurate account of adolescent pregnancy during the year.

In Figure 3, the total of recorded births to adolescent mothers in the 15-county AAHEP area is shown. From 1977 through 1981, the number of births remained rather constant. In 1982, the total dropped almost 100 births from the 1977 figure. If the 1984 projection proves to be accurate, the past two years will represent a dramatic drop from previous levels. We can see a four-year trend of declining adolescent motherhood with a considerable decline in 1983 and 1984.

In Table 7, the data show a decline in numbers of abortions and fetal deaths since 1980. During the past four years, a leveling of numbers of abortions has occurred. The number of fetal deaths shows a dramatic decrease, more than 35 percent in three years.

In Table 8, the numbers of births to mothers aged twelve to nineteen are shown. Also shown are the percentages of the yearly total of births to

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*Initial baseline data appear in the Interim First-Year Evaluation Report (11/83). Current figures update the original baseline.

adolescents. The percentages in this table and in Tables 10 and 11 were computed to show proportional relationships from year to year. For instance, for 14-year-old mothers the number of births has decreased from 28 to 14 over eight years. The total number of births, however, has decreased from 1506 (1977) to 1067 (1984, projected) over the same eight years. Due to the differences of total numbers from year to year it seems proper to plot proportional differences among the age groups to determine possible trends over time.

The proportions are derived in terms of percents, by year, based on number of births to each age group of mothers divided by total births for that year. Thus, for 1977 the percents (1.9, 6.4, 12.1, 22, 27.8, 29.6) total 99.8 (with two age groups as "negligible").

In Figure 4, it can be seen that the numbers of births to adolescents indicate that some shift is occurring within the 14-19 year age span. In the 14- and 15-year-olds, the number of births diminished by at least half over the eight years shown. Among the 17-year-olds, the drop was approximately one-third; among the 18-year-olds, about one-fourth; and among the 19-year-olds, one-tenth. When the numbers of births each year within each age group are compared as a percent of the yearly total (Figure 5), the percentages remain relatively constant with the exception of two age groups. In the 19-year-old group, the percentage of total births shows a steady rise over the eight years, and in the 18-year-old group, the percentage has risen over the past two years.

Data in Table 9 show that the largest portion of pregnant teenagers make from 7 to 10 visits for pre-natal medical care. The number of mothers making 0-2 pre-natal medical care visits has dropped more than 50 percent, and the number making 15-19 visits has increased almost 100 percent. These are positive trends relative to the care focus of AAHEP.

Yearly comparisons of the numbers shown in Table 9 are presented in Figure 6.

In Figure 7, the comparison of percentages shown in Table 9 is presented. There appears to be a trend toward more pre-natal medical care as shown by the percentage increase, over the eight years, of mothers making 11-14 visits and the relative stability of numbers making 7-10 visits.

In Table 10 the numbers of mothers receiving prenatal care are categorized by the trimester in which initial care was received. The first trimester

is the period in which the largest number and the largest percentage of mothers receive initial care. A slight trend seems to be developing showing an increase for the first trimester and a decrease in the third semester.

Comparison of numbers of mothers receiving pre-natal medical care by trimester of initial care is shown in Figure 8. There has been a decrease in numbers receiving 1st and 2nd trimester medical care, but these decreases are paralleled closely by a decrease in total births to teenage mothers. The number receiving 3rd trimester care or no pre-natal medical care has remained relatively constant. Figure 9 shows the percents from Table 10.

Comparisons of percentages of initial trimester pre-natal medical care show little change. A slight increase in both first trimester and second trimester care is indicated. The number of low-weight births to teenaged mothers in the 15-county area is shown in Table 11. The number of low-weight births to mothers who receive 1st trimester initial care appears to be dropping. By comparison, low-weight births to mothers who receive care in the second or third trimester appears to remain at about the same level.

Summary. Due to the preliminary nature of the 1984 data, care must be exercised in interpretation. This limitation notwithstanding, it appears that teenage pregnancy in the 15-county area has dropped substantially since 1977. The most dramatic change has been in 1984 (if the 1984 figures prove to be accurate). There is a trend, however. Teenage pregnancies are declining.

In addition to the decline in teenage pregnancies in the area, there appears to be a shift in the numbers of births from younger to older teenagers. The percentage of births in each of the years to mothers aged 13 to 17 has remained relatively constant or declined slightly. On the other hand, the percentage of births to 19-year-olds has increased.

Pregnant teenagers appear to be receiving more pre-natal care than previously. The number of mothers who make 0 to 2 pre-natal visits for medical care is decreasing, and the number of mothers who make more than 10 visits is increasing. This may be related to the decrease in number of low birthweight babies born to mothers who receive first trimester care.

These results, if the trends continue, are in the direction of hoped-for gains for AAHEP. That is, AAHEP's objectives were for lower teenage pregnancies, better and earlier prenatal care, and better, more healthy babies of those born to teenage mothers.

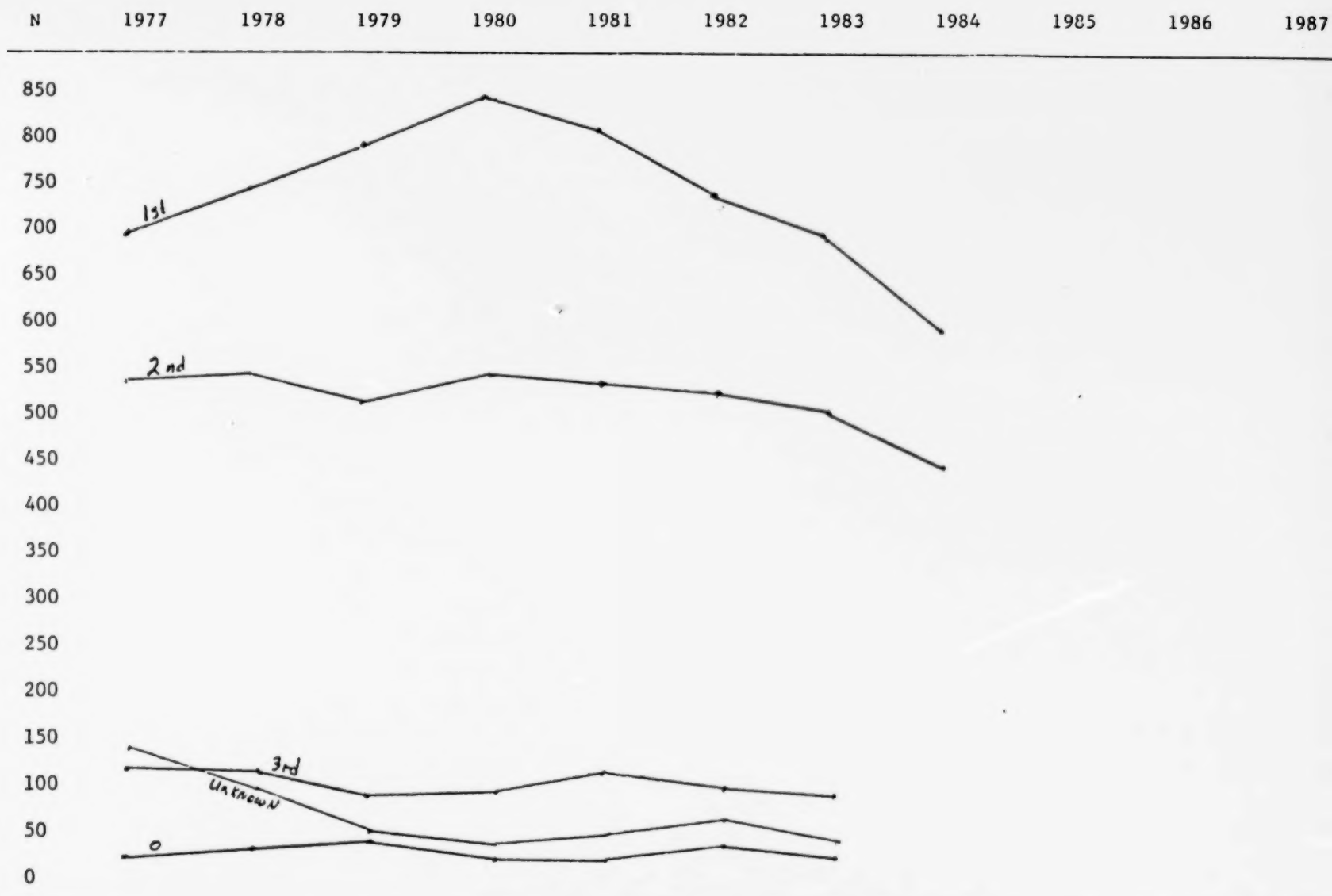

Figure 8. Comparison of Numbers of Mothers Aged 12-19 Receiving Pre-Natal Medical Care in the 15 County AAHEP Area by Trimester of Initial Care,

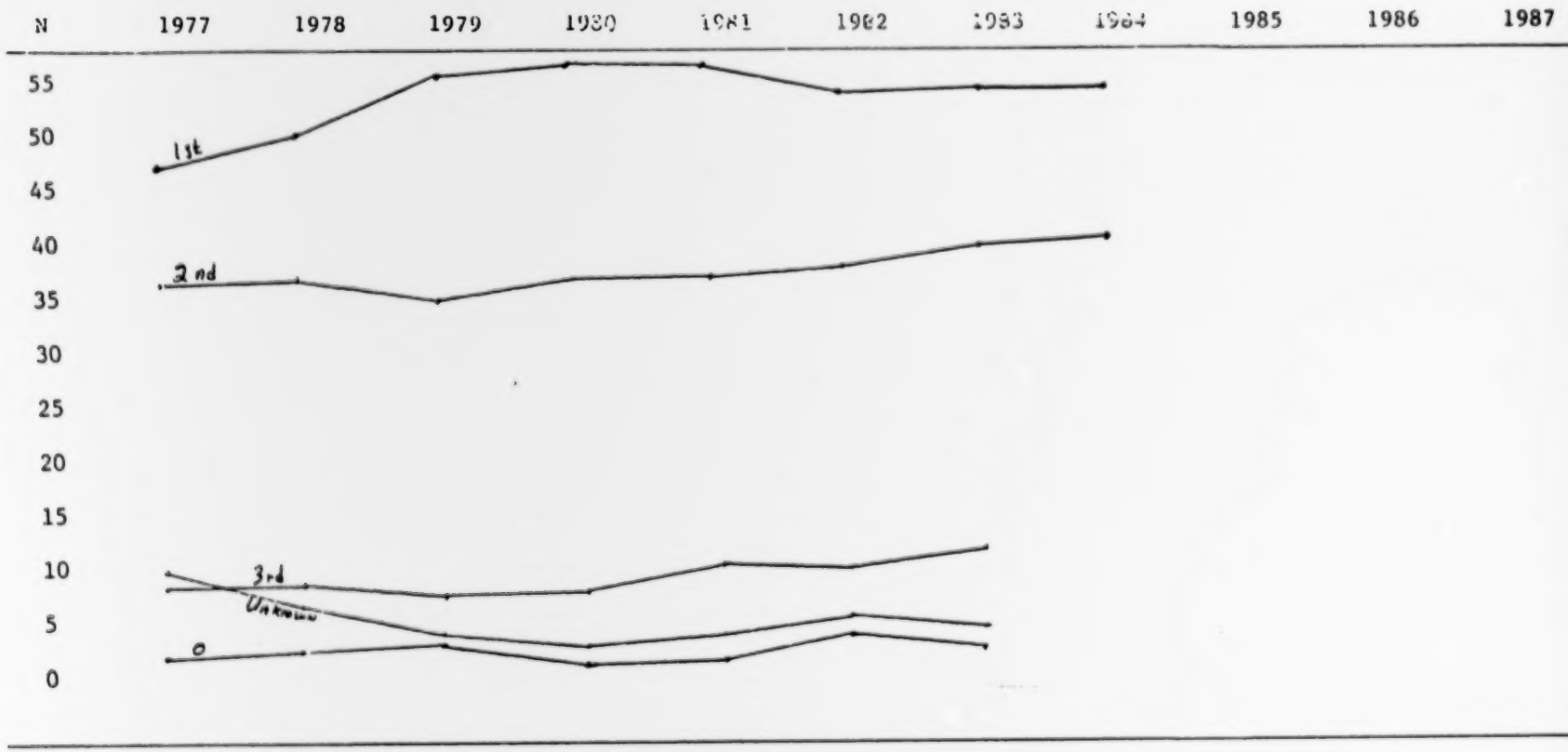

Figure 9. Comparison of Percent of Yearly Numbers of Mothers Aged 12-19 Receiving Pre-Natal Medical Care in the 15 County AAHEP Area by Trimester of Initial Care, 1977-1984

TABLE 11

Number of Low Weight Births to Mothers Aged 10-19, by Trimester of Initial Care, in 15 AAHEP Counties, 1980-1984

	1980	1981	1982	1983	1984*	1985	1986	1987
Unknown	4	5	4	7	3			
No Pre-Natal Care	1	3	13	7	2			
1st Trimester	75	67	63	56	39			
2nd Trimester	35	43	50	43	42			
3rd Trimester	6	9	5	4	8			
Total	121	127	135	117	94			

*Figures projected for last 3 months.

Average 1980-1982 = 128

128 ÷ 94 = 73%

A. The 1984 total to the 1980-82 average is 73%.

B. The 1984 total births (1067) to the 1977-1982 average (1481) is 72% (Table 7, p. 31). Thus, there seems to be no trend in reducing the total ratio of low weight births to teen mothers, although there does seem to be a reduction in problems to mothers who get first trimester help.

Relationship to Hypotheses for 1984-85

At the direction of OAPP, the AAHEP proposal for 1984-85 contained general statements of hypotheses related to AAHEP efforts. The general statement of the development of the hypotheses and the hypotheses themselves are from the AAHEP Continuation Proposal, page 103 (1984).

The AAHEP staff met with the project's evaluation team in an effort to develop hypotheses as part of the evaluation plan. Although hypotheses are designed for research and generally evaluation addresses questions, the questions AAHEP has attempted to answer will be formulated into hypotheses. Nevertheless, the team recognizes that the notion of hypothesis testing without appropriate controls, random selection, and other aspects of experimental design are tenuous at best. However, the following is a list of general hypotheses which have been derived and/or which relate to the goals of the AAHEP activity:

I. Duration of the project, staff development, and implementation of electronic procedures (mini-computer) will improve the AAHEP management procedures as shown by (1) availability of data, (2) recency or currency of data, (3) ease of reporting and access, and (4) amount and sophistication of dissemination activities.

II. Given the necessary resources, AAHEP will provide prevention services to a minimum of 60% of all targeted adolescents (specifically, those in the three target school sites who have teenage pregnancies).

III. Within the AAHEP service area there will be a decline in teenage pregnancies (based on baseline data of state of Tennessee). This decline will be related to the number of years of AAHEP activity and the intensity of the AAHEP activity within the region.

IV. Given adequate resources and procedures for identification, AAHEP will offer their care services to a minimum of 80% of all pregnant adolescents in the three target counties served by AAHEP.

V. Within the AAHEP service region, and specifically within the target or primary counties, the percentage of low birth-weight births to teenage mothers will decline relative to the percentage within the state of Tennessee.

These five hypotheses are addressed with evaluation results from 1983-84. Figure 10 provides a structure for this comparison.

Hypotheses	Results
I. Project duration, staff development and implementation of electronic procedures (mini-computer) will improve AAHEP management procedures as by: 1) Availability of data; 2) Recency or currency of data; 3) Ease of reporting and access; 4) Amount and sophistication of dissemination activities.	See Figure I. Summary Results of AAHEP Second Year Evaluation. Goal III (Management) Care and prevention were developed for use on the microcomputer. Information on the prevention component may be currently accessed. Care data will be available via the microcomputer during the upcoming fiscal year. Information dissemination occurs informally in professional meetings, workshops and conferences.
II. Given the necessary resources, AAHEP will provide prevention services to a minimum of 60% of all targeted adolescents (specifically, those in the three target school sites who have teenage pregnancies).	See Table 6, p. 24. Prevention services where provided to greater than 80% of targeted schools in all but one high school.
III. Within the AAHEP service area there will be a decline in teenage pregnancies (based on baseline data of state of Tennessee).	See Figure 3, p. 30. The decline is from 1977-1982 average of 1481 to 1311 (1983) and 1067 (1984 projected).

Figure 10. 1984-85 AAHEP Hypotheses (and Results Using 1983-84 Data)

IV.	Given adequate resources and procedures for identification, AAHEP will offer their care services to a minimum of 80% of all pregnant adolescents in the three target counties served by AAHEP.	See Table 4, p. 19. Care services were offered to more than 80% of pregnant adolescents in the three target counties served by AAHEP.
V.	Within the AAHEP service region, and specifically within the target or primary counties, the percentage of low birth-weight births to teenage mothers will decline relative to the percentage within the state of Tennessee.	No percentage data for State of Tennessee available in 11/84.

Summary

With the exception of hypothesis V, where needed comparative data are not now available, the 1983-84 data show substantial support for each of the remaining hypotheses (I-IV). Dissemination (H_1) has room for improvement. An 80% level of services has been reached. This exceeds the 60% projected in H_2. A substantial reduction in teen pregnancies (from 1977-1982 average of 1481 to 1984 projection of 1067) is evident in the target area (H_3). The care goal of 80% has been reached and exceeded (H_4).

46

Figure 10 (Continued)

Conclusions and Recommendations

Some conclusions and recommendations are interspersed throughout the report. This section serves to summarize the earlier information.

The AAHEP has operated according to its pre-determined plans during 1983-84. During the year there were changes in personnel and in project operations. These were accomplished with minimum disruptions. The project met its goals for the year and continued to develop its computer data base. The Prevention Component data are complete on the computer; the Care Component is nearly complete. Management goals have been met, but dissemination efforts need to be stepped up.

Although it is not possible to attribute the following to AAHEP as "cause and effect," trends are appearing in the AAHEP service area that are very encouraging. From 1977-1982 there was an average of 1481 teen pregnancies in the AAHEP service area; by 1982 the total was 1311 and by 1984 (projected) it was 1067. More teens are receiving their pre-natal health services sooner (first trimester) and the age of teen mothers when they give birth is increasing in the 18 and 19 groups and reducing in other groups where AAHEP works most.

The AAHEP efforts are conducted with and through other groups, especially the schools for prevention. AAHEP is providing an important service since family life (sex education) courses are seldom offered in the area even though teen pregnancy is an extremely serious issue (see Figure 11 on page 49).

AAHEP is doing what it planned to do. There are positive trends in the area. Although it is impossible to establish a true cause-effect, logic suggests that AAHEP contributes greatly to the success.

Next Year. For 1984-85 special attention should be paid to evaluation of work in the "target" counties and high schools. Special figures and tables will be excerpted for each of these units (by county) from the baseline data so that comparisons can be made between progress in these "target" areas and in other counties of the total area.

Project personnel should begin to focus more attention on dissemination of project results. They have a wealth of information now on AAHEP processes and products. This material deserves to be shared with others. The First Year Evaluation Report (November, 1983) contains suggestions for developing and implementing a "dissemination plan."* This activity should receive attention in 1984-85. Presentations/papers should be available to regional/

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*AAHEP made several presentations during 1983-84, but more attention needs to be paid here as results become available.

state education and health meetings such as Tennessee Education Association, TPGA, ETEA, Mid-South Education Research Association, etc.

The AAHEP effort should (again) attempt to improve and expand its working relationships with the more permanent groups and agencies that serve the area. This seems reasonable so that AAHEP benefits may have more of a lasting effect once funding is reduced or cut. This effort would involve state, county and private agencies/groups. For example, AAHEP needs to try to establish or strengthen relationships with major hospitals and with the Health Department. These agencies will remain after the project's funding has ceased and would be able to continue the best efforts of AAHEP. Thus, AAHEP must begin working to let these agencies know about AAHEP's successes and to determine how these successes can be built into an on-going strucutre.

One of AAHEP's most important services may be to provide "family life" information to schools in its service area. Such courses are not a usual part of the school curriculum here, but the problem of teen pregnancy is now beginning to get attention of state officials, such as the governor (see Figure 11). This aspect of AAHEP services has been well received, and the AAHEP curricular materials need to be made available to the schools. AAHEP may want to consider 1) dissemination of the materials, 2) workshops for teachers, 3) expansion of this activity to benefit greater numbers of junior and senior high school teachers. (Note information on page 22 of this report.)

Family life courses in schools urged

By TERRI WEINTRAUB
Journal Reporter

"On the list of names teen-agers call each other, 'virgin' is one name you don't want to be called."

The statement underscores a need for the public to tackle one of society's growing problems — teen-age pregnancy — said Dr. Joseph McLaughlin, director of maternal and infant care at Nashville's Metro General Hospital.

McLaughlin, Tennessee First Lady Honey Alexander and state Sen. Douglas Henry, Jr., discussed the problem and ways to deal with it Friday at a regional meeting of the Tennessee Conference on Social Welfare held on the University of Tennessee campus.

Among their findings:

■ In 1983 in Tennessee, 17,191 pregnancies occurred among women under 21 and 506 babies were born to children between 10 and 14.

■ In Knox County that year, 1,169 teen-age pregnancies occurred and 41 children aged 10-14 gave birth.

■ Thirty-six percent of teen-age pregnancies occur within the first three months of sexual activity, yet most teen-agers don't seek counseling until six months after they begin sexual activity.

Alexander said courses in "family life" at school are effective in decreasing the incidence of teen-age pregnancy.

Despite that, all three forum participants said they did not think that family life courses — often mislabeled sex education — should be mandated by the state Department of Education.

Rather, the controversial curriculum should be left to local school boards, they agreed.

Currently, family life classes, which discuss decision making and responsibilities as well as the reproductive organs, are an optional part of the state's health curriculum. Since the subject is not taught in all schools, all Tennessee students do not have equal access to the information.

"Up to 80 percent of parents agree that family life should be taught in the schools," Alexander said, "yet too often the minority who oppose it are more vocal and effective."

She urged all parents in the "silent majority" to speak out at school board meetings on the subject.

Sen. Henry, who chairs a legislative committee on adolescent pregnancy, said the committee recommends that each school district adopt a course in family life.

However, Alexander said, the state needs more child care programs like the one at Rule High School, which allows teen-age mothers to finish their educations while taking their babies to school.

The program, now in its second year, brought considerable opposition from City School Board Chairman Kenneth "Red" Bailes.

"We need to get these youngsters to return to school after delivery," Alexander said.

"For every mother you keep in school you help break the cycle of teen-age pregnancy," she said.

She said five out of 15 teen-agers say they would like to go back to school after having a baby but often can't because they lack appropriate child care.

Alexander said teen-age mothers often end up on welfare if they aren't able to finish school and become productive members of the workforce.

But too often, she said, teen-age mothers end up having a second or third child before they reach the age of 20.

In 1983, 14.6 percent of teen-age mothers became pregnant again within six months of delivering their first child.

McLaughlin said educators and social workers need to emphasize to teen-agers that giving a child up for adoption is "a life-giving decision and not one of abandonment."

Henry said his committee also recommends a simplification of the state's adoption laws to facilitate the process for teen-age parents.

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APPENDIX A

Figure 6 from Interim Report (5/84) Showing
Revised Evaluation Design for the
Second Year

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
GOAL I: CARE To improve the level of medical and developmental care provided to pregnant adolescents.			# = number	
OBJ. I.1. To coordinate available care services to maximize impact of existing programs.	a. Discover and explore remaining care services available in primary target counties: Scott, Sevier and Loudon.	a. Number of agencies in primary counties.	Number of agencies contacted this year for first time providing services	Logs.
	b. Get to know remaining contact people in each agency or professional office in primary counties to inform them of AAHEP.	b. Number of contact people in agencies/professional offices in primary counties.	# of agencies contacted.	Logs.
	c. Offer to serve as a source of referrals and as a client-oriented agent in primary counties to insure that clients know about and are encouraged to use available services in target area.	c. Number of referrals made in primary counties.	Tabulation.	Logs/printout.
	d. Offer assistance to providers in primary counties in meeting any goals consistent with those of of AAHEP.	d. Amount of assistance provided in meeting goals in primary counties.	Anecdotal examples.	Logs/printout.
	e. Offer to coordinate provider services in primary counties so as to help providers coordinate their activities and reduce unnecessary duplication of services.	e. Coordination given to provider of services.	Anecdotal examples.	
	f. Examine system in primary counties for weak links in network and develop solutions.	f. Description of weak links in network and solutions offered.	Ongoing. Part of everyday operation.*	Estimate from counselor experience. (Narrative)

*Some activities are part of normal daily effort, and it would be difficult and a burden that would detract from work to keep specific records. That is, the work is part of everyday counseling and really cannot be separated for analysis. An estimate will be made from interviews with selected counselors and selected clients.

Figure 6. AAHEP Evaluation Data Checklist (1983-84)

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GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
OBJ. I.1. (Cont'd.)	g. Notify all remaining conerned professionals and religious leaders in primary counties of the existence of the care network.	g. Number of remaining professionals and religious leaders notified in primary counties.	# of new clergy contacts made.	No Baseline
	h. Notify all remaining parents and adolescents of operation readiness of care system in primary counties.	h. Number of remaining parents and adolescents notified in primary counties.	# of new contacts (poor statement of activity; no way to determine "all").	Logs/printout.
	i. Make referrals to all agencies linked in network in primary counties.	i. Number of referrals made to agencies in primary counties.	(See "c" above.)	Service Delivery report.
	j. Aid pregnant adolescent and adolescent parents in primary counties to continue their education and encourage them to do so.	j. Number of pregnant adolescents and parents in primary counties encouraged to continue education.	See I.1.f.	I.1.f. Narratives Anecdotes
	k. Do what can be done with remaining resources to assist secondary and tertiary counties.	k. Amount (time, type) assistance offered in secondary and tertiary counties.	# of clients served in non-primary counties	Logs
OBJ. I.2. To continue to arrange for appropriate utilization of prenatal and postnatal services by adolescents regardless of their proximity to available services.	a. Have initial confidential interview with the adolescent to determine which services would be of greatest benefit to the client, develop service plan, share service plan with adolescent, share information about where services are available, share information about who should be contacted, discuss and encourage parental involvement in plan, obtain parental permission or satisfy legal requirements for proceeding without parental involvement in a reasonable amount of time.	a. Number of initial interviews with adolescents.	Tabulation.	Printout.
		Number of service plans developed and reviewed with adolescents.	Tabulation.	Printout.
		Number of parents involved and parental consent.	Record of "extended family" contact. (Parental consent obtained on all contacts.) Also this is part of ongoing activities. See I.1.f.	Printout.

A-2

Figure 6. (Cont'd.)

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
OBJ. I.2. (Cont'd.)	b. Establish the legal base upon which AAHEP proceeds, discuss the treatment plan with the adolescent (and parents if they have decided to join), make all referrals, and help adolescents make arrangements for transportation.	a. Treatment plan discussed (Yes/No). Assistance provided in obtaining transportation (Yes/No). Established legal base (Yes/No).	Procedures have been in place.	Main DCEA office and records. I.2.b. complete.
	c. Offer adolescent maternity and adoption counseling, basic nutrition information, educational and vocational counseling, parent and consumer education, homemaking instruction, family counseling, assistance in preparing for delivery, and family planning counseling, if services are not available to particular adolescent.	c. Assistance offered (amount, type) in: <u>maternity counseling</u> <u>adoption counseling</u> <u>nutritional information</u> <u>ed. and voc. counseling</u> <u>parent education</u> <u>homemaking instruction</u> <u>family counseling</u> <u>preparing for delivery</u> <u>family planning</u>.	All information of this sort is given to all clients routinely when appropriate (see I.1.f.).	I.1.f.
	d. Help arrange child care.	d. Assistance (type) in child care arranged.	Anecdotal examples.	Logs.
	e. Develop appropriate materials.	e. Description of materials developed.	List of selected materials; sample of materials.	Observation/lists.
	f. Involve expectant adolescent males, adolescent fathers and and family members in services. (Male Partner).	f. Number of adolescent fathers involved in services. (Male partner) Number of family members involved in services.	# of Total.	Logs/printout.
	g. Deal with other pertinent issues.	g. Other issues dealt with. (Describe.)	See I.1.f. Narrative	I.1.f./Narrative

Figure 6. (Cont'd.)

Appendix A (Cont'd.)

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
OBJ. I.3. To provide individual assistance to pregnant adolescents in making arrangements for their delivery.	a. Discover "unknown" sources of aid to pregnant adolescent in paying for delivery services and assist adolescents in obtaining resources. b. Assist adolescents in arranging for hospital or other delivery method. c. Make certain adolescent knows where the delivery will be performed and what she must or should do to prepare for the trip to the hospital or other delivery center.	a. Assistance given to adolescent in discovering sources of financial aid to cover delivery services (number, describe, sources, results). b. Assistance in arranging for hospital or other delivery method (describe, number). c. Description of help given to adolescents in preparing for hospital trip (number).	This is the usual work of counseling. I.1.f. Narrative.	I.1.f.
GOAL II: PREVENTION To reduce adolescent premarital sexual relations and adolescent pregnancy.				
OBJ. II.1. To coordinate available prevention services to maximize impact of existing programs.	a. Assist providers in meeting goals consistent with AAHEP goals in in primary targets: 2 Anderson County high schools, 2 Sevier County high schools, 1 Grainger County high school, and 1 Cocke County high school. b. Notify remaining concerned professionals and religious leaders in area of the existence of prevention efforts.	a. Description of assistance offered to providers in primary targets (numbers). b. Number of professionals and religious leaders notified of existence of preventive efforts.	Report of numbers. # of educators (and others). Unit for instruction developed.	Data printout (subtract primary from totals, since printout has totals); get primary logs, etc. Results: over 80% Sevier; 90% Cocke (not allowed in Science classes in Cocke Co.). Completed (83-84). From data print-out.

Figure 6. (Cont'd.)

Appendix A (Cont'd.)

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
OBJ. II.1. (Cont'd.)	c. Refine referral and follow-up system to insure that all adolescents from primary targets and parents who desire prevention services from existing providers may be directed appropriately.	c. Description of referral and follow-up (refining the process) (number).	See I.1.f. Narrative.	I.1.f. Narrative
	d. Notify remaining parents and adolescents in primary targets of operational readiness.	d. Number of parents and adolescents notified of operational readiness.	Numbers.	On printout.
OBJ. II.2. To provide more adequate education of adolescents related to sexuality.	a. Prepare a teaching module dealing with AAHEP objectives (to give to classes upon invitation) sufficiently that teachers could incornorate it into their own coursework if desired.	a. Description of teaching module prepared dealing with AAHEP objectives. Copy of module.	Module done. Copy on hand.	(Submitted to D.C.) Completed.
	b. Develop and provide inservice programs for school staff related to AAHEP; enlist teachers'help in getting the word out about AAHEP.	b. Number inservice meetings given to school staff. Agendas.	Tasks done (developed), and record of programs given.	Completed.
	c. Provide basic educational materials to be disseminated by professionals and agencies in the target area, or borrowed for time-limited use.	c. Number and types of educational materials disseminated.	Numbers of materials by type.	Completed.
	d. Develop, teach, guide, and counsel adolescent peer groups in schools or other agencies.	d. Number of peer groups counseled in schools/ agencies. (Group homes).	Work mostly in group homes	Records/logs.
	e. Offer individualized counseling and referral.	e. Number of individual counseling sessions and referrals given.	Numbers. I.1.f.	Log/printout. Short narrative. I.1.f.

Figure 6. (Cont'd.)

Appendix A (Cont'd.)

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
OBJ. II.2. (Cont'd.)	f. Generate interest and recruit clients and participants from primary targets.	f. Number of clients recruited from primary targets.	Numbers.	Printout.
	g. Develop or cooperate with centers to attract adolescents to environment where it is possible to obtain pertinent information and convenient to obtain counseling.	g. Number of centers developed and/or worked with to attract adolescents.	Description of services by short narrative (I.1.f.).	Counselors. (I.1.f.).
	h. Develop educational materials as appropriate.	h. Types of educational materials developed (copies).	See II.2.c.	II.2.c.
OBJ. II.3. To involve families in the education of adolescents concerning sexuality, sexual responsibility and/or other interpersonal and health-related matters.	a. Develop parent groups interested in prevention services, seek their guidance, cooperation and support, help them educate themselves about adolescent sexuality and pregnancy, and help them to discuss and explore pertinent issues.	a. Number of families involved in establishing and attending informational programs. Number of parents groups developed. Location of groups. Topics discussed.	(I.1.f.). Narrative.	(I.1.f.). Counselor records and narrative.
	b. Offer brief family counseling to parents and adolescents if they desire structured interaction designed to open lines of sexual communication.	b. Number of family counseling sessions for parents and adolescents.	Numbers.	Printout
	c. Develop parent/adolescent groups to increase understanding of parents by adolescents, of adolescents by parents, of sexuality, and of parents and adolescents by their peers.	c. Parent and adolescent groups developed to enhance communication between parents and adolescents	I.1.f.	Counselor records I.1.f.

Figure 6. (Cont'd.)

Appendix A (Cont'd.)

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
OBJ. II.3. (Cont'd.)	d. Encourage and assist adolescent clients in involving their families in the prevention services or in getting permission from parents to use services.	d. Description of assistance provided adolescents to encourage family involvement (numbers involved).	Describe procedures used.	N/A (forms, etc.).
OBJ. II.4. To assist religious and other organizations in the development of their own adolescent and familial programs.	a. Develop, guide and/or assist with adolescent peer groups or other groups within churches and/or other organizations.	a. Description of guidance given to peer groups in churches.	Narrative information.	Logs/records.
	b. Develop training modules for religious leaders and/or other professionals to educate them about adolescent sexuality, decision-making, pregnancy and related matters, parenthood, and/or family life.	b. Description of training modules developed for religious leaders. Numbers of modules.	Copies of materials. (See II.2.c.)	(II.2.c.)
	c. Offer inservice training for interested religious leaders and/or other professionals concerning topics of importance to AAHEP.	c. Number and types of inservice sessions for religious/other leaders.	Agendas. Numbers involved; number of sessions. Primarily at schools; especially teachers.	Few religious leaders (cultural); records of work.
OBJ. II.5. To make additional resource personnel available to adolescents and their families.	a. Volunteers will be recruited and trained from the ranks of parents, adolescents, young adults, graduate students, and/or other persons.	a. Number of volunteers recruited: parents adolescents/young adults graduate students others.	Number recruited.	Logs.
	b. Interested professionals will be recruited and trained to broaden their skills and increase their competency in dealing with AAHEP clients and/or other adolescents and family members.	b. Number and type of professionals recruited and trained to increase competency in dealing with AAHEP clients.	# of teachers.	Printout

Figure 6. (Cont'd.)

Appendix A (Cont'd.)

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
GOAL III: MANAGEMENT (1983-84) To improve and maintain existing management system				
OBJ. III.1. To manage, operate and evaluate the progress of AAHEP.	a. Refine information management system.	a. Information management system (describe).		
	b. Maintain accounting system.	b. Program accounting.		
	c. Cooperate in cross-project evaluation effort.	c. Cooperative efforts in evaluation process.		
	d. Reduce scope and/or territory of project in line with budgetary realities, evaluation strategy and recommendations.	d. Reduction in territory (describe).	Narrative of progress.	
	e. Improve capability of personnel.	e. Personnel improvements.		
	f. Split project as carefully and clearly as possible into separate care and prevention components.	f. Data on separation between prevention and care collected and compiled separately.		
	g. Uphold as many commitments and promises as practical in the face of drastically reduced funding.	g. Past and present commitments upheld.		
	h. Develop a four-level design for prevention and care services to allow for differing needs and capabilities of different targets.	h. Design developed for prevention and care services (primary/secondary/tertiary and quatenary).	Memo (11/83) and plan. Project operation records reflect the new design.	
	i. Collect information related to client behavior for use in altering project design.	i. Program data about clients.		

Figure 6. (Cont'd.)

Appendix A (Cont'd.)

GOAL/OBJ.	ACTIVITIES	DATA NEEDED	ACCOMPLISHMENT INDICATORS	BASELINE/SOURCE
OBJ. III.2. To evaluate AAHEP and disseminate information about its purposes, products and results.	a. Maintain and improve sensitivity of existing evaluation strategy. b. Publish information formally and/or informally about AAHEP and/or share information through workshops and professional gatherings.	a. Evaluation (dates, documents, etc.). Narrative. b. Dissemination plan. Evidence of action taken to implement plan.	Interim/Final Reports.	
OBJ. III.3. To generate the resources needed to continue AAHEP's services in the third year, and to externalize AAHEP's capability, if possible.	a. Develop a structure that will be capable to some extent of surviving and functioning independently of AAHEP's resources. b. Implement structure in two counties.	a. Structure developed to enable future continuation of AAHEP. b. Plan for implementing structure. Counties to be utilized to implement plan.		

Figure 6. (Cont'd.)

Appendix A (Cont'd.)

APPENDIX B

Letters of Support and Praise for AAHEP

AREA HEALTH CENTER

ROUTE 2, BOX 73
HUNTSVILLE, TN 37756
TELEPHONE 663-2920

May 31, 1984

Dr. Cynthia Norton
AAHEP
C/O DCEA
534 E. 1st. North St.
Morristown, Tn. 37814

Dear Dr. Norton,

I would like to express my appreciation of a job well done by Cassie Fildmeir. Cassie has worked with me to set up on going prenatal classes each Wednesday. We have four classes each Wednesday and the prenatals are scheduled by what triamester they are in.

I have received many compliments from the OB nurses regarding how well informed our laboring mothers are and how well they do their breathing and relaxation exercises. I feel Cassie deserves the praise for this. Also my new mothers are showing me their "newly acquired knowledge" of newborn care!

I would like to thank your program for allowing me to have Cassie's help.

Sincerely,
Betty Anderson
Betty Anderson, CNM

Ralph O. Adams
Principal

Rutledge High School
Rutledge, Tennessee 37861
Phone: 828-5291

May 28, 1984

AAHEP
c/o DCEA
P.O. Box 1218
Morristown, TN 37816-1218

Dear AAHEP:

Allow me to say thank you to your program. I have welcomed and appreciated the counseling services of Mark Roland to Grainger County, and specifically to Rutledge High School.

Mark has been in the Guidance Office at least one afternoon a week to meet and to talk with students. His presence in the school has aided me(a lone guidance counselor!) and has aided students. His visits were expected and students responded. Students came to him. His presence in the community has allowed him to also serve in students' homes. I have felt confident to "give" to him the pregnancy-related student(s), in that he provided information to the students, counseled with them, and offered himself as an helpful link for them in their pregnancy situation. He was an expert.

Mark also provided services to teachers. He presented slide shows, films, and question-answer sessions in the classroom. He provided materials list and brochures. Teachers used him. They felt confidence in him.

The community can often feel that this need needn't be addressed: it's a family thing or it's a personal matter. But AAHEP in our community made a comfortable entry and has experienced acceptance. Acceptance that has included appreciation and realization of the program's purposes. Sex, pregnancy, and related topics are concerns to young people, and young people especially need to know answers to questions.

Please accept my appreciation of AAHEP - Mark Roland.

Sincerely,
Brenda R. Sloan
Brenda R. Sloan
Guidance Counselor

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
815 East Gate Plaza
Sevierville, TN 37862
May 21, 1984

Dr. Cynthia Norton
Project Director
AAHEP
P.O. Box 1218
Morristown, Tennessee 37816

Dear Cindi:

The AAHEP project has been a great asset not only to the adolescents of Sevier County but to Sevier County's Child Abuse Review Team. The services provided to our community have helped bridge a gap in educating adolescents about sexuality. We are lucky to have such a program where young adults can go for information that they may not have access to elsewhere. We, at the Department of Human Services, look forward to continuing coordinated efforts to better educate our children.

We also appreciate Alan's participation in the Child Abuse Review Team in Sevier County. His input has been very beneficial and his willingness to cooperate with other related agencies has helped to bring about more efficient services to his and all clients involved.

If we can be of any further assistance, don't hesitate to call.

Sincerely,

Bob Hogan

Bob Hogan,
Sr. Social Counselor

BH:ih

Department of Public Instruction

SCOTT COUNTY

Edgar C. Culver, Superintendent
P.O. Box 37, Courthouse Square
Huntsville, TN 37756

June 15, 1984

Dr. Cynthia Norton
AAHEP Project Director
D.C.E.A.
P.O. Box 1218
Morristown, Tennessee 37816-1218

Dear Dr. Norton,

As a preschool coordinator, I met and worked with Jeannie Cliff as a member of our Scott County C.A.R.E. committee. Through this committee, I learned about the AAHEP project and the important things it was doing in our community.

I feel it is a must that this project be continued to give the help and support these young girls need, especially since the school system can no longer serve pregnant girls.

This project is important also for the young child in case the mother decides to keep her child. I'm looking forward to working with Jeannie Clift and the program next year.

Sincerely,

Betty Brooks

Betty Brooks, Coordinator
Scott County Preschool Program

BB:rf

APPENDIX C

Goals, Objectives and Activities for 1984-85

GOALS, OBJECTIVES, AND ACTIVITIES FOR 1984-85

Management Effort

Goal: To assess and improve the operation of AAHEP.

Objectives: (1) To improve the management information system; (2) To evaluate and assess the overall functioning of the project; (3) To disseminate information concerning AAHEP and related issues; (4) To generate the resources needed to continue AAHEP services.

Activities:
Toward Management Objective 1: To improve the management information system, AAHEP staff will:

a. Further implement and refine the management information system.
b. Maintain accountability of funds and property.
c. Refine operational design of the project.
d. Provide ongoing staff development.

Toward Management Objective 2: To evaluate and assess the overall functioning of the project, AAHEP staff will:

a. Contract with an independent evaluator.
b. Meet with and provide information to evaluators on a regular basis.
c. Continue an internal evaluation of individual staff performance.

Toward Management Objective 3: To disseminate information concerning AAHEP and related issues, AAHEP staff will:
a. Publish information formally and/or informally.
b. Develop and participate in workshops and professional meetings.
c. Present project information to governing boards of Douglas-Cherokee Economic Authority.

Toward Management Objective 4: To generate the resources needed to continue project services, AAHEP staff will:

a. Continue to increase volunteer participation.
b. Initiate relationships with interested funding sources.
c. Submit application to funding sources which appear most receptive to AAHEP needs.

Care Component (Target Counties)

Goal: To achieve positive outcomes for mother and child once pregnancy occurs.

Objectives: (1) To coordinate available care services to maximize impact of existing programs; (2) To offer services to a minimum of 80% of all pregnant adolescents; (3) To continue to arrange for appropriate utilization of prenatal and postnatal services by adolescents regardless of their proximity to available services; (4) To continue involvement with adolescent to enhance outcome for mother and child.

Activities:

Toward Care Objective 1: To coordinate available care services to maximize impact of existing programs, AAHEP staff will:

a. Develop Advisory Boards in target counties.
b. Participate in interagency councils.
c. Provide outreach presentations as requested concerning the multifaceted problems of teen pregnancy and the importance of networking in the community.
d. Refer individuals, when appropriate, to available agencies providing core care services.

Toward Care Objective 2: To offer services to a minimum of 80% of all pregnant adolescents, AAHEP staff will:

a. Determine the approximate number of adolescents who would be pregnant in each quarter of the year based on the previous year's statistics.
b. Identify adolescents through schools, churches, health agencies, community agencies, self-referrals, etc.
c. Offer services to all identified pregnant adolescents.

Toward Care Objective 3: To continue to arrange for appropriate utilization of prenatal and postnatal services by adolescents regardless of their proximity to available services, AAHEP staff will:

a. Initiate contact with client within one week of referral.
b. Assist pregnant adolescent in receiving pre-natal care no later than three weeks from initial client contact.
c. Discuss preparation for parenthood and/or the adoption process.
d. Prepare adolescent for delivery by: assisting in developing financial resources, encouraging participation in childbirth classes or discussing delivery procedures, explaining what materials are necessary for hospital stay, discussing arrangements for transportation and post-delivery plans.

Toward Care Objective 4: To continue involvement with adolescent to enhance outcome for mother and child, AAHEP staff will encourage:

a. Development of parenting skills
b. Proper health care for infant
c. Family planning
d. High school completion
e. Self-sufficiency as an adult

Prevention Component (Target Sites)

Goal: To reduce adolescent pregnancy and delay adolescent sexual relations.

Objectives: (1) To coordinate available prevention services to maximize impact of existing programs; (2) To provide services to a minimum of 60% of all targeted adolescents; (3) To make additional resources available to adolescents, families, professionals and interested community members; (4) To increase family involvement in prevention services.

Activities:

Toward Prevention Objective 1: To coordinate available prevention services to maximize impact of existing programs, AAHEP staff will:

a. Participate in interagency councils and/or Advisory Boards addressing prevention services.
b. Provide teacher In-Service Programs and workshops in target sites.
c. Initiate a system to identify adolescents who became pregnant and had been served in the prevention component.
d. Refer individuals, when appropriate, to available agencies providing core prevention services.
e. Provide outreach and consultation to religious organizations.

Toward Prevention Objective 2: To provide services to a minimum of 60% of all targeted adolescents, AAHEP staff will:

a. Determine the adolescents targeted to receive prevention services.
b. Develop methods for reaching 60% of the targeted adolescents.
c. Provide education to targeted adolescents concerning responsibilities related to sexuality and parenthood.

Toward Prevention Objective 3: To make additional resources available to adolescents, families, professionals and interested community members, AAHEP staff will:

a. Develop concise teaching guides addressing such topics as: adoption, decision-making skills, assertiveness training, communication skills, adolescent development, sexual responsibility, parenting, etc.
b. Present developed guides or provide for presentations by volunteers.
c. Distribute and/or loan pamphlets, books, audio-visual materials and other prevention materials.

Toward Objective 4: To increase family involvement in prevention services, AAHEP staff will:

a. Encourage parental involvement in all prevention services.
b. Establish parents groups.
c. Establish parent/adolescent workshops.
d. Encourage open lines of communication between adolescents and parents.